



IFW

Customized PTO/SB/21 (09-06)

|  |                |                    |
|--|----------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><br>(for all correspondence after initial filing) | Application #  | 10/517,596         |
|  | Confirmation # | 9105               |
|  | Filing Date    | September 29, 2005 |
|  | First Inventor | HUI                |
|  | Art Unit       | 1655               |
|  | Examiner       | Hoffman, Susan Coe |
| Total number of pages in this submission =                                   | Docket #       | P08512US00/BAS     |

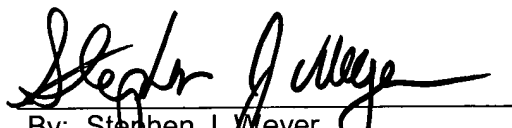
| ENCLOSURES (check all that apply)  |   |
|--|---|
| <input checked="" type="checkbox"/> Fees calculated below<br><input checked="" type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> including Attachments A (Remarks) & B (Claims)<br><input type="checkbox"/> After Final Amendment/Reply<br><input type="checkbox"/> including Attachment(s)<br><input checked="" type="checkbox"/> Extension of Time Petition (1 month)<br><input type="checkbox"/> | <input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/><br><input type="checkbox"/> |

|   |     |                     |               |            |           |
|---|-----|---------------------|---------------|------------|-----------|
| <b>FEES CALCULATION:</b> For claims if required and/or other fees as shown below:     |     |                     |               |            |           |
|   | NOW | Previously Paid For | Present Extra | Rate       | \$        |
| <input type="checkbox"/> TOTAL CLAIMS   | 7   | - 20                |               | X \$ 50 =  |           |
| <input type="checkbox"/> INDEPENDENT CLAIMS   | 1   | - 3                 |               | X \$ 200 = |           |
| TOTAL OF ABOVE CLAIMS FEES =  |     |                     |               |            |           |
| <input type="checkbox"/> Reduction by 1/2 for <b>small entity status</b> of applicant |     |                     |               |            |           |
| SUBTOTAL =  |     |                     |               |            |           |
| <input checked="" type="checkbox"/> Fee for extension of time (per attached Petition) |     |                     |               |            | 60        |
| <input type="checkbox"/> Other fee for  |     |                     |               |            |           |
| TOTAL OF ALL FEES =   |     |                     |               |            | <b>60</b> |

☒ Payment by credit card. FORM PTO-2038 in the amount of \$60 is attached.

☒ The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:  
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or  
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: March 13, 2007

  
By: Stephen J. Meyer  
Registration No. 43,259

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